

Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/654,487-Conf. #5210
		Filing Date	September 4, 2003
		First Named Inventor	Abraham THIJSEN
		Examiner Name	R. Mahmood
		Art Unit	2164
TOTAL AMOUNT OF PAYMENT		(\$) 180.00	Attorney Docket No. 0142-0433P

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES		Small Entity Fee (\$)
Fee Description		Fee (\$)
Each claim over 20 (including Reissues)		52
Each independent claim over 3 (including Reissues)		220
Multiple dependent claims		390
		195
Total Claims	21	- 21 or HP
Extra Claims	x	=
Fee (\$)		=
Fee Paid (\$)		=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	3	- 3 or HP
Extra Claims	x	=
Fee (\$)		=
Fee Paid (\$)		=
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____	= _____
			Fee Paid (\$)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00			

SUBMITTED BY Signature:			
Name (Print Type) <u>Paul C. Lewis</u>	Registration No. (Attorney/Agent) <u>43,368</u>	Telephone <u>(703) 205-8000</u>	Date _____

DEC 23 2009